

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/589698</div>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1						
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TOTAL IND.		↓	1	↓		↓			
TOTAL DEP.		←	18	←		←			
TOTAL CLAIMS			19						
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
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100									
TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									